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THE KOREA MISSION FIELD

MEDICAL NUMBER.



A GROUP OF NURSES IN TRAINING AT
SEVERANCE HOSPITAL.

SEE PAGE 207.

SEOUL

KOREA

THE KOREA MISSION FIELD

A MONTHLY MAGAZINE.

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THE KOREA MISSION FIELD

VOL. X.

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EDITORIAL.

THINGS DONE AND NOTDONE.

Specialization is a regnant present day word. Not long ago a missionary who studied theology and medicine was believed to be doubly equipped for the foreign field; now, such procedure is considered unwise because concentration and not diffusion is *the* word. To-day we find even the missionary physician specializing, whenever possible, as a surgeon, as an eye, ear and throat man, etc. Nevertheless, the old idea that the missionary should be doubly equipped has been conserved inasmuch as the missionary physician, in so far as he is charged with the evangelistic spirit, can practically do the work of the physician *and* the evangelist as well. It is the missionary physician's marvellously unique and vital opportunities which make possible his being a doubly equipped man. With little of the native language the doctor can at once begin work. His point of sympathetic contact, physical disease, is assured from the very start. Large benefit conferred (all that a man hath will he give for his life) inspires grateful confidence; while loving ministry during convalescence, including medicine with Gospel in solution, and Gospel directly applied as occasion permits, must make powerfully for the good. Further, if the doctor shall inspire his nurses and helpers with the evangelistic spirit to the extent of creating in the hospital an evangelistic atmosphere, one can scarcely imagine conditions more suited to the winning of men to the Savior. If in addition to all this the Hospital shall send out its nurses through a city and find the distressed who would gladly come to the hospital-haven if only they could, and shall make possible for them that which was impossible, and so shall actually bring help and heal them, how closely does such procedure resemble a "hen gathering her chickens under her wings."

The ordinary evangelist must go to the mountain, hard and obdurate with prejudice; while the physician evangelist stands in his lot, beckons, and lo! the mountain comes to him, who graciously disintegrates the same, and having transmuted the flinty particles into truth-seeds, sends them back for planting in the homes and villages of the country. The present issue of our magazine presents the above process as one of the things that has been done.

The careful conservation of these evangelistic outputs of the hospital through a close and sympathetic relation with missionary evangelists, is a point which has not been covered, is one of "the things not done." Such a paper was assigned, but the assignee was too busy to prepare it, or even to notify us in time to allot it to another. The influence of

mind on the body as a healing agency, is another of "the things not done," though we supposed that point was covered. Perhaps the greatest defect of all is that our present issue has nothing special to say about "The prayer of faith shall heal the sick." It is common to wave aside this subject with the word, "Oh yes, that may avail something in nervous disorders, but in organic disease it is useless!" We respectfully ask the objectors, "How do you know?" and remind them that Christ Jesus healed men blind from their birth, He raised the dead to life, and said, "Greater works than these shall ye do—" Yes, but the time for miracles is past," we are told, and again we ask, "How do you know?" and quote the words, "All things are possible to him that believeth." Unless we shall discredit Scripture, we see no way out but to leave the physician to do the best he can with his chosen work in his own way, to do his very *utmost*; and then the very hard cases, the incurable ones, the demons which, through lack of prayer he cannot cast out, we must bring these to our Moses, the great Physician. Surely the Scripture warrants this, the terrible needs of incurables warrant it, and the present day German philosophy of unbelief, which presupposes that a miracle, in the nature of things, cannot transpire, make demonstration thereof very desirable.

I know a humble, orthodox Scotch evangelist in the United States, who claims to have been used of God to heal, through prayer, many sick. I asked him how he came to begin to believe that "The prayer of faith shall heal the sick." He replied, "I had a frightful gangrened foot, which I showed to the leading specialist in London, England, who said it was the worst case of that disorder that he had ever seen, and he gave me four weeks to live. I crossed the Atlantic and in a hospital in New York city, the verdict of the London doctor was confirmed. Desiring to die in harness, I arranged with a friend, a pastor on Long Island, to conduct a series of meetings in his church, and soon three meetings a day were in progress, there. Meanwhile I suffered frightfully with my foot. I would scream out in my sleep, alarming the neighbors. After a night of great pain I came down to breakfast and my host told me that I was too sick a man to conduct three meetings daily, and informed me he would that day take me for a long carriage drive. Our goal proved to be the Summer home of a gangrene and cancer specialist of New York city. He, learning what the London specialist had said, remarked, 'What he says, goes,—he is at the head of such specialists.' Then he asked, 'May I see your foot?' Having examined it he said, 'I never would have believed that a man could live and have a foot like that attached to his body. If you have any important business to do, as the making of a will, you would better do it before going to sleep, for you are quite as likely to waken in the other world as in this one.' Then I answered, 'I know I have a dreadful foot, from what the London man said, from the confirmatory word spoken at New York Hospital, by what you say, and most of all by the agony I suffer, but I wish you to understand that I have also a great God! My God is great enough to cure my foot, and to cure it

right now, if He chooses.' I spoke with an increasing passion of enthusiasm in which my whole body participated. Unconsciously I began pounding my knee with my fist, when suddenly the doctor flung up his hands for prohibition. To my question, 'What is the matter?' he replied, 'I should think that for a man to pound his leg on the end of which is a foot like yours, would kill him!' I at once proceeded with my affirmations about the greatness of God, as I had done before, when all at once something resembling a warm wave touched the top of my head, slowly descended through my head, trunk and legs, passing out at my feet,—I said to myself, 'God has healed me,' and He had. I never once looked at my foot to see if it was getting better, for I knew it was, and in three weeks it was as clean and as perfect as the foot of a little child."

THE PLACE OF MEDICAL MISSION WORK IN KOREA.

HUGH H. WEIR, M.B.

From the very earliest dawn of history, and almost certainly before that, medicine and religion have always been most closely associated, but it is only in comparatively modern times that medical missionaries have been definitely sent to foreign lands to take part in the spread of the Gospel of Christ throughout the world. The great Missionary Societies of to-day are nearly all very young, and medical work, as a deliberate part of their propaganda, is of still more recent growth. At first, probably arising from the recognition of a great need on the part of a few enthusiasts it was quickly realised that here was a most valuable weapon in the armory of evangelism. The doctor could go where the preacher's way was closed, the relieved sufferer would listen to the message of his physician where he would have only scoffed at the strange doctrine of another, prejudice was broken down, countries were thrown open, and even when the field was well occupied few could command such large audiences as the worker among outpatients and none came into such close personal contact with the unconverted as those who tended them in hospitals.

All this has been true in Korea and is still largely the case, for the work of the hospitals is increasing every year, and in spite of the vast growth of the Church the country is still far from being evangelized; while even in a so-called Christian country it is found needful to make use of this method as a means of winning souls.

But while the first value of the work to be recognised still holds good, time and experience have shown many others at first unnoticed, and they have been becoming the more prominent of late years because of the inevitable tendency of all good things to abuse. There were some, even among doctors, who gradually got into the way of thinking and speaking of medical missions as if they were a kind of bribe, the jam in

which the powder of Christianity was to be administered, and so, admitting their value as a means of access in a way entirely opposed to the whole Spirit of Christ, induced others to feel that it is wrong to seek to base their work more surely.

There is no need in Korea at any rate to develop the point of the economic value of medical missions. When the cost of each missionary and his latent period, before he can begin effective work, are taken into consideration, it is plain that money spent in preventing his decease or invalidity is money well spent. This is of great importance to the home boards, but on the field itself there may be another side to it, for the work of the medical missionary is among the people to whom he is sent, not among those who accompany him, and if their demands upon him limit his work or its value, they are in danger of a charge of misappropriation.

Another, and much stronger basis of medical work is the parable of the talents. God does not give any man or any nation good things for themselves alone, but that they may be shared with others, and the barest glance at history is most illuminating here. Only a few years ago the medicine of the East was far in advance of the West, and if the growth of knowledge has been so great of late it has not been for the benefit of a few nations but is a trust held for all, and the nation or the Church that buries its talent in the earth will receive the reward of the unfaithful servant. We who know, must give our skill and our knowledge to the whole world or take the consequences.

There is, however, more than this. God fulfills Himself in many ways and the old order is always changing, bringing into clearer view fresh facts of the perfect jewel of His Love, which may have been overlooked or forgotten. The day has passed in which the Christian found himself faced by a materialistic science which made the body all and refused to acknowledge the soul; then he was driven by the conflict of argument to the other extreme and all-but removed the body from the consideration of religion altogether. Modern science has found its feet and they have lead it to its proper place in the heart of theology, which in turn is remembering that its message is to the whole man and not only that part of him which is invisible. The New Testament fulfills and perfects the Old and but rarely reverses it and then only the parts most incomplete. The teaching of Christ and of His Apostles has as a strong and luminous background the social and ethical conceptions of the Mosaic law and the prophetic writings, for our Lord Himself when asked for the first and great commandment would not be content without adding that the second is like to it. It would seem that the reason why the least in the Kingdom of Heaven is greater than St. John the Baptist is that he, in common with his contemporaries, regarded physical ills simply as punishment and was not moved by the law of love, the law of the Kingdom, to relieve them. We find that medical missions are an essential part of the Gospel, that they are a part of the fruit of that tree whose leaves are for the healing of the nations. No one would venture to preach Christ without living Him too, and the work of a mission hospital is not only the most convincing and the most intelligible witness,

but is an inevitable outcome of His Spirit. This work is a main part of the works which show the life of faith and without which that faith is dead, "Whoso hath this world's goods, and seeth his brother have need, and shutteth up his compassion from him, how dwelleth the love of God in him?" We have this good, this great gift of God, in knowledge, in skill and in means of healing and we cannot shut up our compassion without denying our Lord.

But if we have renewed our basis of work do not the new times in which we live also affect us? Is the day coming when our present medical mission work will no longer be needed in view of what is being done by others? Our position is indeed affected by these things, but in what way? Let it be said plainly; no amount of Government Charity hospitals, no increase in the number of non-Christian doctors can in the least relieve the Church of Christ of her responsibility to the bodies as well as to the souls of men. The day will come when a Christian government and a Christian public opinion will do the work, it may be that before then we shall be able to hand over our medical work to a Korean Church able to carry it on in the place of the foreign boards, but until that time our duty, our privilege and our responsibility remain; we cannot shirk them if we would, and we cannot wish to do so if we have the Spirit of Christ without Which we are not His. No, the work being done by the Government does not make ours less necessary, but more. We cannot allow the work done for the sake of Christ and in His Name to be less efficient than that done in the name of civilization, and the effect on us of modern conditions in Korea is the demand for more men, for more nurses, for more money, for all that is needed to bring each mission hospital up to the level of the best. At present most of the work is hindered by its single-handedness; a solitary doctor, even if he have an efficient nurse, cannot possibly do what ought to be done. When nothing better was to be obtained his work was of great value, but now—the patient who needs more has only to step across the way to find that others can do more for him than the representative of Jesus Christ; it is not done in the same spirit of love perhaps, but it is more efficacious and that is what he requires. Even a medical missionary needs a rest at times, and has to take a holiday or go on furlough; what is the result? The hospital is closed, or at best left in charge of unqualified persons, and it may well be that before long this last will be no longer permitted. The doctor is engaged in an operation and a patient arrives needing instant attention; he has to go and find another to help him. Instances of the kind could be multiplied but to what purpose; at least two doctors are needed for each existing institution, and nurses and supplies in proportion. Good, modern treatment and proper appliances are costly; the government can provide them, does not the Love of Christ move us to do more rather than less? Dare we shame our Lord by allowing His work to fall into disrepute? He gave Himself, we must give of our best for Him.

MEDICAL EFFICIENCY OF OUR INSTITUTIONS.

J. B. PATTERSON, M.D.

Medical Efficiency concerns itself with getting the confidence of sick people and their friends ; curing or helping most of them and giving them some idea about how to keep well. Now it is obvious that the foreign doctor is in most instances the largest single factor in the case, but I want to mention other factors which, all taken together, are far more than the doctor himself. These all grouped may be called "The Institution."

The Institution includes the building, helpers, nurses, assistants and all that have to do with its work. There are two different views as to what style of building is most to be desired in Korea. The "native style" building means that the floor is heated and that the patients sleep on the floor. These floors are usually covered with a very thick Korean oiled paper which can be polished till it shines. Of course all shoes must be removed at the door. I believe there is advantage in the use of the native building especially in small hospitals such as we have in our country stations. However, equally good work can be done in our own style of building though it requires more foreign supervision and a better trained set of servants. Any kind of building will do, if you only get the patients and keep them contented till they are ready to be send home.

But there is only one kind of helpers, nurses and assistants that will do. They may come from any class of society but they must have one thing in common, they must be *loyal*. No other kind will do. That is, they must believe in the place enough to bring their family to be treated by you, rather than in the old way.

For some of the help it is best that they first have a high school education ; but if they do not study the work they are doing and become expert in it, they cannot hold their place against a hustling coolie. Most, if not all, should be Christians. I have great confidence in those who have first been patients. The sicker they have been the more I love them and the more they love me. This relation *must* exist between the doctor and all the help. Of course it goes without saying that a foreign nurse is a wonderful addition to the efficiency of the Hospital. If she cannot be secured, some one of the women of the station should be responsible for the general deportment of the women, and should do as much evangelistic work as possible. So much for the kind of people with which efficient work can be made possible.

There must, of course, be some sort of system and organization in which the Korean ideas should be considered and, as far as possible, followed. Records are absolutely indispensable, so, at least one clerk must be appointed. Accounts must be kept, therefore a book-keeper is necessary. It need hardly be said that all books must be audited. One, or better two, evangelists should be at work all day long. These should be watchful for the people as they come one by one, and so get into personal touch with each person. These three or four persons cannot

well have many other duties, and each of them must be of the most responsible sort to be found.

Another office that calls for an assistant's full time is the Laboratory man. The more work he does, the more expert he becomes and the more reliable. I want to emphasize this office, for many are falling short of efficiency here, more than at any other point. If the doctor has to do this work himself very little will be done because he must also do other things: and not to do or have it done is very nearly criminal in these days.

This assistant is one of the most necessary on the staff. In operating a liver abscess the other day some pus was allowed to escape into the abdomen. Now if this had been loaded with bacteria it would have made a deal of difference with the rest of the operation and perhaps with the prognosis. The Laboratory man was ordered to report at once on whether there were any, few, or many bacteria. In a very short time he came back to say that none could be found. Well, that sort of thing adds to the efficiency and to the ease with which you can fall off to sleep the night after. A patient comes to enter your hospital for treatment of his cough, and no one should be allowed to enter the general wards who is expectorating tubercle bacilli. It adds to efficiency to be able to get a report within a few minutes as to whether it is safe to allow a suspect to enter the hospital. All the Hook Worm cases demand this care of special microscopical examination. In short, here is the least expensive and at once the most effective way to become efficient. An ordinary helper in the Laboratory will save more lives than a dozen in any other branch of our work.

As time goes on the doctor should have more and more of his work done by assistants as they become expert in any particular task. One of the great helps is to have the history of the cases taken and given to you with all the oratory left off. I think we all would save time and do better work if we had at least one such assistant in the dispensary work. As the work grows a chief dresser is indispensable, for the doctor will not be able to see all the cases at every dressing. Another assistant who fills a large place in a country dispensary is the man you can allow to treat eyes, ears, noses and throats. I can see no reason why you should not turn over the entire charge of certain cases or wards to men as they become able.

My chief assistant takes entire charge of all Relapsing-Fever cases, and I think it is well done. I could trust to the diagnosis and treatment of myself if I had an attack of Relapsing-Fever.

We need only mention a prescription clerk as a necessity.

We have now disposed of all the essentials of the dispensary work except the Japanese interpreter. If you only need one history taker he should by all means be able to speak Japanese.

In the Hospital it is also desirable, as time goes on, to more and more allot special work to specially efficient workers. Most of the dispensary men will be available in the operating room. Here, the same assistants should be continued at the same work for long periods. I do

not allow any to assist in the operating who work as dressers, because they are more likely to have touched pus. One of these men should assist the anesthetist to watch the pulse, and another to assist the operating room orderly.

There are two places where loafing adds to efficiency; the laboratory and the operating room. If some one is sick, and some one generally is, it is at least convenient to call a new man who will fill the place. And, it may be added, this may assist in the recovery of the sick one.

Then it must also be said that the same system will not do for two different places with different conditions and people. But no place can attain efficiency without some sort of organization. I think that which grows with the work is better than any that is imported. The details of every part of the work should at frequent intervals be inspected by the doctor, and at still more frequent intervals by some of the more trustworthy assistants.

After these things and many more have all been done, and before and while they are being done, we need always to pray.

MEDICAL EFFICIENCY OF THE DOCTOR HIMSELF.

W. T. REID, M.D.

The problem of what is needed to increase the medical efficiency of the medical missionary himself is a rather difficult one to state in general terms, owing to a lack of uniformity in conditions in the various medical stations and the marked individuality of the medical men themselves.

Still, with the above statement in mind to vary the emphasis laid upon the following considerations, one might safely venture to lay down some general rules.

Among the three branches of evangelistic mission work in Korea the thoughtful will concede that the medical, in greater measure than the other two, is dependent upon the proper equipment. Preaching the Gospel requires very little material equipment, school work needs more than the purely evangelistic branch does and to be efficient must have certain equipment, but the medical evangelistic work in order to be efficient requires an extensive and costly outlay before satisfactory results can be obtained.

The doctor, far more than the preacher or the teacher, is dependent on his tools and the surroundings amid which he does his work. The first rule, therefore, is that if we would increase the doctor's efficiency as a medical worker he must be sufficiently supplied with tools for his work and with the proper surroundings in which to carry on his work. What these proper tools and conditions are will of course have to be decided according to the merits of each individual case, and the proper persons to make the decision would seem to be a committee composed of some, or all the medical workers of the mission concerned.

Another general rule, if the doctor's medical efficiency is the thing desired, is that in practically every case he should be supplied with the assistance of a trained nurse from home and, wherever at all possible, it should be the policy of the mission to place two medical men together, instead of one alone, and that without even the aid of a nurse, as has apparently been the general policy hitherto.

It might not be out of place here to make a few remarks showing the damage to efficiency accruing from the isolation in which so many of our medical missionaries are placed.

In a large station, say of some fifteen to twenty workers, it will usually be found that there are several ordained men, several women evangelistic workers, several workers engaged in educational work, but only one doctor.

Because of community of interests there are plenty of opportunities for consultations and division of responsibility among these other workers, but in his peculiar and difficult problems, often involving life and nearly always involving the health and happiness of his patients, the doctor is forced to stand alone, the nature of his work rendering it impossible for the other members of his station to enter into a full understanding of his problems or appreciation of his needs.

This circumstance, therefore, tends to produce a chasm between the doctor and the other workers that is exceedingly difficult to bridge and often causes in the doctor a feeling of isolation and depression that easily interferes with his buoyancy and efficiency.

Then, too, the nature of the doctor's work and often his most serious problems are of such a character that they cannot be made the subject of conversation in the various gatherings of the station members or even when with a few of his fellow workers not professionally trained. This fact shuts the doctor up within himself unaided in the presence of his often almost overwhelming difficulties, and in this manner should unfortunate results attend some effort for a patient's life, a depression of spirits takes place which, if it does not actually break the spirit and courage of the doctor, at least tends to limit his efficiency.

When attending gatherings of the members of his station the questions of the evangelistic and educational work are freely discussed, and the doctor is expected to take a sympathetic and interested part in these conversations, while the real pressure of his own work must remain in the background.

Thus gradually, and even unconsciously to himself, through the impact of a multitude of other ideas, the doctor sometimes suffers a psychological effect whereby, even in his own eyes, his own work takes on a somewhat minor importance in the general missionary propaganda, and we behold the phenomenon of a medical missionary either actually leaving the medical work and entering upon some other branch of mission work or, at any rate, seriously contemplating such a move.

Thus it can be easily seen that the doctor in a mission station faces an isolation and discouragements unknown to his fellow workers and it is to remedy such a state of affairs that it should be regarded

as the only sane policy to place at least two foreign medical workers in a station.

Enthusiasm is the life of efficiency, but it is hard to find a man who can maintain his enthusiasm undiminished when he is forced to face nearly all his difficulties alone. The enthusiasm engendered by contact with a fellow worker in the same business creates an efficiency in both, far greater than either could ever maintain alone. The Scripture recognizes this to be the true economy for our Lord sent out His disciples two and two, and it is stated that while one should put a thousand to flight two should put ten thousand to flight; namely, a fivefold increase in the efficiency of each simply by the stimulus of the other, and a tenfold increase of the returns as a result of only a doubled investment. Does it not seem then that the policy of manning our missionary medical institutions with only one doctor is a mistaken and shortsighted one; a half hearted effort to carry on a work that is abundantly worthy of our very best; a policy that the changing times renders more and more untenable; a policy that is not worthy of the cause we represent.

My topic is the medical efficiency of the doctor himself and I have only mentioned a few cardinal points in the case. It is generally recognized among our medical missionaries that the medical candidate before being accepted by the Board and sent to the field, if at all possible, shall have had at least a year's experience in some good general hospital at home after graduating from the medical college, and I think every medical missionary seeks to better fit himself for his work by post graduate studies while at home on furlough.

As a general rule the all-around man will fit better on the field, though the specialist also has a large sphere of opportunity opening up before him at the present time.

One of the most helpful things towards increasing the medical efficiency of the doctor is the periodical assembling of those physicians, so geographically situated as to make it practicable, for the purpose of discussing together their professional problems. Such a gathering is the monthly meeting of the Central District of the Korea Medical Missionary Association in Seoul, which has been of great benefit to those of us who have been able to attend its meetings. It seems to me that there should be at least two more gatherings like it; one in the south and one in the north, for those medical missionaries so far from Seoul as to make it impracticable for them to attend the meetings of the Central District. Here again I would like to call attention to the need of two medical men in the various stations for when only one is present it makes it next to impossible for him to leave his station for the purpose of rubbing up against others of his profession or, for that matter, even to take a greatly needed summer vacation. Others can come and go more or less at their own discretion but the doctor is nearly always tied down to his post by some one so sick he cannot feel free to leave or even if, under pressure, he does leave, his mind is constantly travelling back home anxious lest something unfortunate should happen during his absence. All this results in a curtailment of efficiency. At home in the States a doctor

can usually get a fellow physician to look after his practice while he goes off to brush up a bit, but this is not feasible out on the mission field, at least under the present regime.

It has been said that folks can have almost anything they want if they only want it bad enough. Even so if the missions doing medical work in Korea want the best efficiency from their medical workers it will be necessary to radically revise some previously prevalent views as to the manning and equipment of the medical work.

EVANGELISTIC PHASE OF MEDICAL MISSIONS.

R. M. WILSON, M.D.

In 1st Samuel XVI-7 are these words "Man looketh on the outward appearance but Jehovah looketh on the heart." It is not only man's natural disposition to do so but the doctor's eye is trained to study and detect the outward and physical appearance of things. It is necessary that we doctors keep constantly in mind that the greatest disease is that of the sin-sick soul and that to accomplish our mission this disease must receive some of the doctor's attention and not be left wholly to the natives. Someone may say "I'm no preacher but we distribute many good tracts" but a hospital is too expensive an institution for just distributing tracts; or he may say, "We have a Korean that does this part of the work." I know such a gentleman who preached very faithfully for two years *for his salary* then resigned, took a second wife, left the Church and opened a saloon. The medical work is rich in evangelistic opportunities but if the doctor has not the evangelistic spirit his staff will not have it. Every medical student and every member of the staff should be earnest Christians, and the doctor should impress on them during the devotional hour that all are not only to preach Christ but are to live the Christian life and use all the means at their disposal to bring Christ to the sick. There is no doubt that it is a very opportune time to make an impression.

Some of us like Jonah may have to be swallowed by a great fish and then cast upon dry land, before we come to our senses and realize that there is a message for us to deliver at Ninevah. Jonah was a great missionary but it took drastic measures before he got steered in the direction that God intended him to go.

We often have this enthusiasm and then, from the stress of heavy work, we lose it. In my Sunday School class of little boys the other day all held up their hands resolving to *do better*. It was not ten minutes after they were dismissed before two had a fight. So *we* must keep resolving to keep up the evangelistic part of the work which it's so easy to neglect.

Another reason for slighting this part of our duty is that we have the work of two or three men to carry on. There is such a thing as being too busy to be really useful, which will be true of us if our efforts are not directed wisely.

Our eyes should be trained as X-rays to look through the surface ulcers into the greatest of diseases, that of the soul; without this we cannot have that "Well done" passed on our work.

POSSIBILITIES OF EVANGELISM IN MISSION HOSPITALS.

ARTHUR H. NORTON, M.D.

The possibilities are immense and I am sure have not yet been realized to the full. Medical Missions as an evangelizing agency are unique in at least two respects,—1st, the varied classes of people that come within their reach; and 2nd, in the opportunity they present for a practical demonstration of the doctrine we have come to teach.

Here in Korea our Mission Hospitals serve practically every class of people, from the silk-robed "yang bans" to the beggars in rags, the farmers from the distant villages and the idle, wayward young men of the city. These are the classes, which if approached at any other time or place usually "begin with one accord to make excuse," if indeed they listen at all. When they come to the hospital or dispensary, Oriental politeness demands that they at least listen, and this is all we can ask of them. If the message is presented in a tactful way under the guidance of the Spirit, He is able to make it enter the heart. Often the patient's own condition furnishes an excellent text, it being easy to show him that sin is the cause, and he already knows that his own strength is insufficient in his struggle with his temptations. Here is a chance to offer him additional overcoming power. Then, too, during convalescence his mind is likely to be especially receptive as he thinks with gratitude of the help he has had, and has time to read (if he knows how) the books we have placed in his hands. If he doesn't know, we can teach him, and, time and thought thus given him, he will very likely go away after a while with a knowledge of the Gospel obtained through his own reading. In many cases fear of physical death has brought the patient to the hospital. He hasn't thought much of spiritual death, as he knows little or nothing of spiritual life. Here is an opportunity to bring to his attention the certainty and the awfulness of the wages of sin, and at the same time to unfold to him the joys of eternal life.

To the varied and constant stream of wretched humanity that passes through our dispensaries, we have the rare chance of presenting the Great Physician, in whose name and through whose power we work. His command was "As ye go preach.....heal." Here we can do both even without "going," for they come to us. True they are often so taken up with their wretchedness of body that their poverty of soul is not apparent to them, but loving patience in the light of the Word can reveal this also.

Aside from our opportunity to preach the Lord in the hospital, the influence of our converts as they return to their own villages should not be overlooked. Going to their homes with their hearts full of gratitude

and the new message of love, their personal testimony has often been sufficient to start a group of new believers which has the potentialities of a strong church. Here is where co-operation with the Evangelistic brethren comes in, caring for the new converts and new groups. A united effort in conserving results is most essential

We of the medical branch of the work strongly repudiate the idea, which we believe is not much held now-a-days, that inasmuch as the evangelistic brethren can get a hearing without us, our work is no longer necessary. We believe that the conscientious and efficient work of a Mission Hospital exemplifies both the preaching and the practice of Jesus, and in doing this its usefulness will never end.

INCIDENTS SHOWING EVANGELISTIC EFFICIENCY OF MEDICAL WORK.

FURNISHED BY W. T. REID, M.D.

1. A woman was operated on in Ivey Hospital one spring and spent several weeks in the wards, during which time she heard the Gospel and decided to become a Christian. Aside from her own sincere and joyful manifestation of faith she said she would preach to her family as soon as she got home. As a result of her preaching her family of eight people became Christians and they, feeling the need of their village for the Gospel, opened services in their own house. From this nucleus has grown a little group of thirty-six who have built their own meeting house, and when last heard from were in a flourishing condition.

2. Two women came to the dispensary for treatment and while waiting to see the doctor were told the old, old Story by the Bible woman. They decided to believe and promised to come to Church the following Sunday. This they did and put down their names, thus making a public profession and some days later came to the hospital and asked that the Bible woman be allowed to come to their house and destroy the articles used in devil-worship. She went and they had a good bonfire. There was a lot of old Korean money however that had been dedicated during the past many years to the use of the devil. This the women said they would sell as they thought it would bring about twenty *yen* and promised to give all the proceeds to the church. In this way they have burned the bridges behind them and are well started on the true and living way.

3. A man was brought to our hospital a living skeleton from the use of opium. He was such a slave to the drug that he had sold his daughter to get money to buy it. He was so far gone that he nearly died under treatment in the hospital but finally recovering he became an earnest Christian and is to day one of the most useful servants on our hospital staff, nearly five years having elapsed since his deliverance.

DAILY PROGRAM OF MEDICAL INSTITUTION (SEVERANCE).

NEWTON H. BOWMAN, M.D.

The subject assigned to me, the daily program in Severance Medical College, may be considered under three heads,—Medical, Educational and Evangelistic. These three branches of work are correlated; each is bound closely with the others and together they represent the scope of the daily procedure. Each of these divisions is designed to meet the requirements of the physical, mental and spiritual man, and thus operate as an inseparable unity in *Severance* for the upbuilding of Christianity.

Without minimizing in the least, any other branch of missionary work I wish to emphasize the importance of Medical Missionary work and in view of the need now so evident in Korea.

1. *Medical*:—Under this head the daily clinics are conducted for the prevention, correction and elimination of the many disorders which are so defacing and destroying to both the body and mind of this people.

These clinics are conducted in departments by those who have been assigned to the Union College staff. Each department is a specialty which makes for efficiency, without which the work of treating the sick would be so generalized as to fall far short of the standards set for us by modern medical science.

The clinical departments included in the daily program are as follows:—(a) Internal medicine, (b) gynecological, (c) dermatological, (d) surgical, (e) pediatrial and neurological, (f) eye, ear, nose and throat, (g) optical and (h) pharmacol, all of which include free service and medicine to the poor who are not able to pay for either. During the daily program of clinic work the clinical laboratory is busy giving the clinician reports on specimens submitted, which aids materially in accuracy of diagnosis.

During the course of the daily program in these clinics, I believe we physicians approach as near to death in all its phases as healthy men can come, and our hearts often ache with anguish over another's suffering, both physical and mental. We learn here, by intimate contact, with these people, what the sins of the father bring even to the third and fourth generations. We cannot but admire men and women who continue bravely and cheerfully to exist in bodies doomed to gradual, and painful decay—but at the same time shudder as we realize how insanity, moral depravity and original sin can curse, not only a few, but multitudes of a nation.

2. *Educational*:—Christian Medical Education is a part of the daily program and it is conducted along systematic and scientific lines. This phase of the program is separate from the medical division in so far as concerns the primary grades, but in the senior grades the clinical departments become the basis of teaching. The lecture periods are divided into forty-five minutes each, the first of which begins at 8 a.m. and the last one closes at 5.30 p.m. This rule, however, does not obtain in the

laboratories which are conducted over longer periods of time. Each class receives only such instructions as belong to the respective grades, and while one class is being taught in one department another is being taught at the same time by another instructor in some other department. So it is a well known fact in this institution that no one man knows what is going on, except as concerns himself, therefore you will bear with me if perchance I err by commission or omission in this matter of giving the daily program.

3. *Evangelistic*.—In considering this topic of the daily program it is perhaps not a matter of surprise to you but rather a thing expected, that men whose lives are given up to the study and alleviation of disease should be profoundly impressed with the importance of their departments. We as physicians accept and teach Christianity in this institution. Religious services are conducted for thirty minutes in four different places at the same time each day and a fifth one at a different hour. One service is conducted by a member of the faculty in the chapel room for the benefit of the student body. A second service is conducted usually by two students who are assigned from their respective classes to present the Gospel in the general waiting room to patients who are waiting to be registered for treatment. The other three services are held in the wards by members of the faculty and students, and by a Bible woman in the women's ward. Besides, the afternoon surgical operations are always proceeded by prayer.

In this order the faculty, members and the student body do personal Christian work as a part of the Daily Program in this medical institution.

SOCIAL SERVICE AND THE HOSPITAL.

O. R. AVISON, M.D.

Presumably everyone knows what is meant by this heading. If there are any who are not yet acquainted with this future of medical work it may be briefly explained as "an endeavor to extend the usefulness of the hospital by connecting its helpful service with the homes of the people."

For instance we may suppose a case where a mother is sick and should go to the hospital but cannot because she has no one to leave in her place to care for the small children whom she must leave behind if she goes. Benevolence has extended its hand to the sick woman and invited her to come and be cured but it has stopped short of making it possible for her to use the facilities already prepared for her at great expense. If we could go one step further and, by extending our benevolence to making some provision for the care of her home during her absence, thus making it possible for her to use the hospital facilities, we could complete the good work and secure the end intended by the establishment of the hospital—the cure of the sick woman. Or suppose a father is sick in a home dependent on his daily work for the bare neces-

sities of life—what is to happen if he stops work to take advantage of the hospital facilities? His children must go hungry and cold or if he does not do so he must plod on and perhaps suffer continuously or even die, only to leave his family destitute.

Social Service would get into touch with such a case and by making temporary provision for the family would enable the sick father to be cured and able to go on to the possible steady improvement of his conditions so that in the future his family would not again be thrown on the public bounty. Without this help the whole family must have gone to the wall.

The following concrete case will illustrate how the principle worked in one family in Seoul.

About one and a half miles from Severance Hospital is a village called Carari where Christianity had just gotten its first foothold about a year or so ago in the home of a family in moderate circumstances. The household consisted of a man and his wife about 30 years of age, two or three small children and the wife's mother or mother-in-law, I do not remember which.

Soon after our first acquaintance with them the man became ill and came to the hospital, but after a short stay went home not much improved as the disease was chronic and needed time as well as treatment. Before long the wife turned up in the dispensary with very much ulcerated nipples and small abscesses suffering excruciatingly. She took medicine to her home but returned unimproved and I told her that if she would come into the hospital for a few days we would send her home well. She said this was impossible as her husband was in bed sick and she must look after the house and him and the children so she went back again to try once more.

Our Bible woman visited the home and reported the condition worse and the whole situation bad, so I asked Miss Shields to take one of the Korean nurses and go to see the home and do what she could to help the woman and if possible arrange things so the patient could come to the ward.

Miss Shields found a child four years old nursing at the sore breasts, the woman suffering agonies of pain from it and her health completely broken, two or three older children uncared for and the elderly mother doing little to help. She persuaded the mother to stop nursing the child and the mother-in-law to take up the house keeping and brought both husband and wife to the hospital.

When the woman entered her ward, had a warm bath and clean clothing on, got into bed and had the breasts cared for, she gave a sigh and said she guessed she had got to heaven. In less than a week the breasts were well and the woman's health restored and she went back to her home fit for her duties and very happy.

The hospital was here all the time ready to receive the patient, the doctors and nurses were on hand and everything had already been provided but the patient could not make the necessary adjustments and all were in vain, so far as that household was concerned.

The extension of the service to touch the home, and adjust the conditions, perfected the plan to help and *brought the result* which would have been lost had our service stopped just short of this last step.

This won the gratitude and confidence of the family and confirmed their yet weak faith. This personal touch with family conditions and essential needs, this practical expression of the gospel of Christ is the one yet undeveloped feature of our benevolent work.

It will cost something to do it, there must be a competent and practical head to the movement, there must be a corps of assistants and there must be some money for necessary expenditures, but it will pay in results and save us from just stopping short of getting that for which we have already spent so much and put forth so much effort.

What we have done is bringing gratifying results, but a comparatively small addition of expenditure at this point will increase results greatly out of proportion to the additional cost. Mrs. Thomas Hobbs has done much during the past months in connecting up the work of Severance Hospital with the homes of the people, and the Nurses' Association has made a beginning towards it in a plan for District Nursing, but much thinking must yet be done.

Mrs. Ludlow has been working at one phase of the proposition by teaching prospective mothers how to make due preparation, how to avoid unnecessary illness at the time, and how to care for the young babies; she herself visiting their homes and helping them. She has also visited many homes in which were sick young children, showing the mothers how to prepare their food, how to avoid causes of illness and so on and all this is in line with the Social Service idea.

In other words the idea underlying it all is that we want to help those who are down and out either because of illness or along with it ignorance or shyness and we regard the hospital as only part of the machinery to effect our aim—we must get the means of help and those needing help into contact, and so actually obtain the results sought for.

INCIDENTS ILLUSTRATIVE OF HOSPITAL SOCIAL SERVICE.

I.

Every morning for several weeks a young Korean woman had been brought to the hospital on the back of an old man to receive treatment for tubercular trouble. I missed her a few days ago, and asked the doctor about her. He told me that the treatment she had been getting was of very little use, because she was not being cared for at home, and did not get sufficient food to nourish her. I called at the room in which she was living with her mother and found that they were in a pitiable condition. The room was dirty and foul smelling. The next day a Korean nurse accompanied me, and with the help of the mother we cleared out all unnecessary articles, and cleaned up the room. Afterwards we gave the mother some instruction on ventilation and cleanliness. It has been

arranged for this woman to come to the hospital every morning, and apart from free medical treatment she is being helped with food.

BEATRICE E. HOBBS.

II.

One night last Fall I answered a call to a home where I found a tiny baby in a very serious condition. The little sufferer lay on the floor and as the family expressed it, they had thrown it away as it would die. Upon making inquiries they had taken it to the hospital but were told that unless they would leave the baby there they could do nothing for it. What! leave the baby in that big strange building among foreigners. Through superstition and fear it was taken back home and left to its fate. Its ghastly pallor and pitiful little moans made it seem as though it had not a great while to live. The trouble seemed chiefly a gastric disturbance and after washing out its stomach and administering a high colon irrigation we wrapped it up warm and put it back on the floor. We then admonished the mother to give it nothing but a little boiled water until we should see it again. The next day with the help of a Korean nurse the treatments were repeated and the baby seemed some better. Feeding was again begun and some months later it was reported that the baby was a fat healthy laughing Korean boy, the pride of his mother's heart.

III.

One bright crisp morning I started out with Mrs. Hobbs and a Korean nurse for a morning's calling in Tung Chimmi. We went first to the home of a non-Christian woman whose baby had died that morning. Perhaps had we known about it sooner the little life might have been saved by bringing it to the hospital. However, the mother seemed to appreciate our call and sympathy. From there we went to see a young Korean woman who was ill, and make arrangements for her coming into the hospital. Her husband had gone to see about some work, but she agreed to come next day. Our next call was on a woman with a very new baby whose husband was ill in the hospital. How glad she was when we told her that her husband was getting along well, and that we would bear the message of the new baby back to him. From there, we stopped at a couple of other homes and gathered up two patients to bring back to the hospital with us. Some of the sick women in these homes are so shy about coming to the hospital by themselves. If only we could go with them, perhaps to tell the doctor about the case or just to see that the doctor will look to their wants, how glad they would be.

THERESA LANGE LUDLOW.

A GROUP OF NURSES IN TRAINING AT SEVERANCE HOSPITAL.

Anyone who knows them will, I am sure, agree with me that some of these nurses are proving themselves very capable and, I am glad to see, that they have caught the true spirit of nursing. They are not doing it for any material help to themselves but for the joy that comes through bringing comfort and help to others, and in feeling that they are following the Master's example, going about doing good, ministering both to body and soul.

At the present time there is a dear old lady who was recently operated on, having a large tumor removed from her neck. She says she had heard of Jesus before, but had not thought much about it, until she came here. The kind treatment she received from the nurses and doctors has helped her to decide to become a believer.

E. SANDERS, NURSE.

ALTERED CONDITIONS.

A. M. SHARROCKS, M.D.

No one need be told that conditions in Korea are changing. We all appreciate the great saving of time and money in travel. We rejoice in the greatly improved market, and gladly avail ourselves of many things considered necessities of life, but which were impossibilities until recently. Sanitation, not only public, but in our very homes, is not only becoming a possibility but an actuality. The Educationalist tells of pressure from above that forces better equipment, closer supervision and more business-like methods in his school, with of course better results. The Evangelist tells of new problems arising out of new conditions in Church life. And the Doctor has he no tale to tell?

A physician may be pardoned for saying that after all, the changes that are sweeping over the country must of necessity affect his work even more vitally than that of any other department. The very nature of the case shows that to be evident. Simplicity makes for strength in church work. The nearer one can approach the old Apostolic pattern, where the Spirit was much and worldly show did not count, the more ideal the church. Even in educational work, it must be conceded that where the chief aim is the development of the mind and the building of character, the results are not so dependent upon buildings and equipment, as upon the sterling worth of the teacher and the nature of the subject taught.

In the medical, more than in any other department, accuracy and precision are more and more a necessity, and these can only be obtained at the price of costly equipment and specialization. The Japanese Government recognizes this fact. Notice the emphasis it places upon it. While most of the school and office buildings throughout the land are

frame buildings, economically equipped, the hospitals are usually of brick and stone and lack nothing in the way of equipment or medical staff. The world is coming to the belief that the medical man must do his work well or be held responsible for his failure. Life is precious, and where failure may mean life, we cannot afford to fail.

Heretofore there were no hospitals save our own, no laws governing us in our work, and a people to work among who knew nothing of the art of western medicine and surgery. In those days we could do as much or as little as we pleased and still have the comfortable feeling that whatever we did was better than the poor Korean could get elsewhere. We must all admit that under those conditions the treatment given was not all that it should have been. But those days have passed. We now have provincial hospitals doing good work, laws and regulations similiar to those of western lands and a population rapidly learning to appreciate the best and showing impatience with anything short of it. The problem confronting the doctor is not his alone, but ought to be recognized and thoroughly handled by every mission doing medical work in Korea. Some of the topics needing consideration are these:—Building and Equipment, Running Expenses, Staff.

Building and Equipment.—Slowly the missions have come to see that properly built and properly equipped hospitals are essential, even though costly. There are many individuals still among us who look upon them as extravagant and unnecessary but they are now in the minority. Hereafter no hospital should be contemplated that does not contain all the elements of durability, together with such things as are needed to insure cleanliness and proper sanitation. In other words the building should be of brick or stone, should have central heating plant, running water and modern plumbing.

Running Expenses.—Those of the profession who have recently had an opportunity to test the matter are of the opinion that the modern hospital can more easily be run by field receipts than the old plants of semi-oriental style. The running expenses are higher but the greatly increased number of patients, including more of the better class, who are able and willing to pay for what they receive, will more than make up this increased cost of maintenance. So conclusive has been the evidence along this line where new plants have been erected that we cannot but be convinced that the modern hospital is not in itself a menace to the principle of self-support but on the other hand might even be an aid to it. We must not forget, however, that the poor need our help more than the rich, and if we do our full duty by them, our running expenses may have to be increased, at least for a few years.

Staff.—Here is where the opinion of the doctors and that of the missions—at any rate my own mission—seem to differ. In former years when hospitals cost less to build and to run and when the patients themselves were less exacting, to say nothing of their being fewer in numbers, one foreign doctor was ample to carry on the work of a station. Within the last year or two the conviction that one man is inadequate, has firmly taken hold of the medical profession, but the missions as yet

have not reached the same conclusion. In the ministry one man excels as a preacher, another as a pastor, while yet another may be strong in executive power and have his work beautifully organized. Rare is the man who is capable along all three lines. This is even more true among the doctors. A good surgeon is rarely a good general practitioner, and *vice versa*, and even though he were, he might fail utterly in organizing and properly running a plant with many employees of both sexes, catering to a score or more of in-patients daily, and keeping accounts that run upward of one thousand *yen* per month. Look at it from the viewpoint of continuity. A school has its Saturdays, its holidays, and its yearly vacations. A church may run smoothly in spite of irregular supervision. Not so a medical plant. It knows neither holiday nor vacation, and so far as the writer's observation goes, in his own or in other stations, it does not take a very long absence from his work to make the doctor realize his importance on the job.

Aside from the general charge of inefficiency that is apt to result from the attempt of one man to spread himself over so much, think of the injustice, 1st to the doctor himself, in that he is expected at all times and in all seasons to keep himself up to par, regardless of conditions; 2nd to his patients, who are coming at the rate of from forty to one hundred per day, each one thinking his own the most important case. And 3rd, to the donors who have erected an expensive plant costing from 15,000 to 50,000 *yen*. What are their feelings as they think of this sum of money not being used to its best advantage at any time, to say nothing of being entirely closed one year in eight.

The medical profession has lately come to the conviction that more than one foreign physician is necessary on the staff of every medical plant doing full hospital work. The missions need to look into this matter seriously. It may mean abandoning the idea of having a medical plant in every station—as has been done in some missions. It may mean dispensary work only in some stations and general hospital work in others, a plan adopted in certain fields, or it may be that with a little effort all our stations might be equipped for full hospital work. Not to face this question is simply leaving a vulnerable point open for attack from both Government and people, and an inevitable disappointment, with possible failure, on the part of many of those who are now carrying on the medical work of our missions.

SELF-SUPPORT IN MEDICAL WORK.

JAMES HUNTER WELLS, M.D.

The question of self-support in medical work becomes a problem because the church cannot supply enough funds to conduct the enterprise as a pure charity, and because even if it could there is a question whether those who can pay part and would not pay, however attractive the altruistic idea appears, would not interfere with the Christian principles of self-help and "love thy neighbor" on the "charity begins at

home" idea. I believe that from the start a missionary hospital should have charges for services and for medicines, and that efforts should be made among Christian and un-Christian people for gifts and donations. Churches should, early in their career, set aside one collection a year—Hospital Sunday—for the benefit of the local hospital. It's not so much the fund secured as the development of the principle of giving. If contributions are sought outside and none are given from the Christian constituency, the amount secured will be very small. These and other general principles of self-support, varying decidedly in different countries and even, to quite an extent, in the same country, at times, are almost axiomatic.

When we come to the practical application and specific cases as we have them in Chosen, I can only add my mite to the symposium and say that the first thing is a good Korean Superintendent or Secretary, and Druggist. In this, as in other matters, the success of any kind of a plan depends on the personal equation feature. A competent man or woman can make a success of their own plan which in other hands would prove a failure. A good Superintendent who knows the people, has sympathy and knowledge and thru his upright Christian character is enabled to help in the charges and fees, does more than any other one thing towards self-support.

The method we at present practice for self-support is illustrated by mentioning one of the dozen cases now in the hospital. The parents brought in a child aged five years, who had an enormous spina bifida tumor—that is, a double cyst. Operation was advised, consented to and done, and nothing said about fee or service. Board was arranged with the Superintendent who runs that department. When the case recovers, as it is rapidly doing, an account will be made. The man will pay the board, and then pay the hospital about five *yen*—perhaps more, depending on his ability. This fee will be nearly all to the good, for there is only fuel and service to add; and as the child was in a ward with others, that is divided up. The consequence will be that we shall come out, even with a fee of five *yen*, ahead and so add to self-support. By getting considerable surgical fees in this way, and by selling drugs to those sick, at the market price we thus pull through. The regular hospital and dispensary receipts are thus about 2,400 *yen* a year from the Koreans for drugs and fees, the gifts from the church collections being rather slim yet, but included in this estimate; and we get about 1,200 *yen* a year from foreign sources; something over 700 *yen* coming from the Board and 500 *yen* a special gift from America for charity. Thus we get about 2 *yen* on the field from Korean sources, for every 1 *yen* from abroad. About 700 *yen* of the 1,200 *yen* from America is estimated as special for missionaries, leaving the hospital in its main features practically self-supporting.

This is not presented, by any means, as attainment, or as a model or anything of that sort, but merely as illustrative of progress and adaptation to circumstances. The changing times will demand more money on every line even with the same number of patients—we have about 1,500

a month—with about a dozen in-patients all the time. This system of self-support which has worked so very well in the past 18 years for us, will, under the new conditions, have to undergo marked changes for the better, but the principles which have been so successful in the past, will be the ones to work on for the improvements necessary for the future.

THE NECESSARY CONNECTION BETWEEN HEALING OF THE BODY AND HEALING OF THE SOUL.

C. I. McLAREN, M.D.

My title may seem to savour too much of materialism; if the facts of experience were different we could afford to be less "materialistic" in this particular. To us medical missionaries the connection is so obvious, and we spend so much of our time in work brought about by the connection, that we have less time left to write upon the subject.

I operated to-day upon a woman—a Christian. She feels the argument forcefully; indeed, her logic was quite Pauline.

"My soul," she said, "has been cleansed; my body is designed to become the temple of the Holy Spirit; how then can I tolerate that this dwelling place should be defiled in such a way as this?"—It was indeed a distressing condition from which the poor woman was suffering: One might have remonstrated and bade her think less materialistically; I am prepared to believe that a not less important and pressing thing to do was to remove the physical cause of the woman's distress.

It is an old standing question this the connection between healing of the body and healing of the soul. The two things go together. Not only did our Lord demonstrate this in practice but he made the clearest pronouncement on the subject: "That ye may know, he said, that the Son of Man hath power on earth to forgive sins, he saith to the sick of the palsy, arise....." We who are his representatives profess to have a gospel that is able to make men free; will it not seem strange to those to whom we proclaim the greater deliverance if we are either unable or careless to bring to them a deliverance from the pressing burden of physical malady?

It is a fact so often emphasized as almost to have passed into a truism, that our Lord devoted a large portion of his earthly ministry to the healing of the body. Does not that demonstrate to his followers, for all time, that there is no short cut to the bringing in of the Kingdom by a mere proclamation of its message divorced from "works" which demonstrate its truthfulness?

The adage "*meus sano in corpore sano*" has seemed to me to be more absolutely true the further my experience has extended. It is, I believe, not too much to say that there are certain persons, and they not a few, whom it is senseless to exhort and futile to hope to encourage if one fails to deal with certain physical determining conditions. The Apostle Paul

bade his converts "Rejoice," and Christianity has not improperly been described as a gospel of Joy: but what sense or meaning is there in bidding a man rejoice, if he is manufacturing and absorbing poisons which just as inevitably make him melancholy as a pair of blue glasses cause him to see all the world blue. We might enumerate almost indefinitely such relations between the psychical and the physical. But such enumeration does not necessarily drive us to a materialistic conclusion; we who are Christians believe that God made not only the soul but the body which so largely determines the manifestations of the soul. We believe, too, that the Son of Man demonstrated His power over the body and His capacity to set free "whom Satan had bound these many years." The Son of Man promised a like power to His followers. Many have restricted their recognitions of the fulfilment of this promised power, to healing that is "miraculous" and "in direct answer to prayer." In the present apparent absence of the miraculous, (I use the term miracle in some such sense as that suggested by Professor Hodge, "an occurrence of which the human condition is not the self competent manipulation of ascertained means") may it not be that more and more we are to realize the fulfilment of our Lord's promises for the accomplishment of His purposes of humanity's deliverance from physical bondage, in modern science.

If we are constrained to recognize in such science and in humanity's advancing conquest over disease, the fruits of energy directed and power bestowed as a result of compliance with conditions which Christ laid down; then surely Christ comes nearer to us and works more constantly with us, than an individual "miracle," here and there would bring Him.

Is the claim that modern science has its origin in Christ, too large a one to make?

"Ask, and it shall be given you: seek and ye shall find: knock and it shall be opened unto you: for every one that asketh receiveth; and he that seeketh findeth: and to him that knocketh it shall be opened." No, the Son of Man promised and it is in this spirit alone that humanity can embark upon and persevere in the long and tedious voyage of scientific research and discovery. And if some who have been great in such research, have "followed not with us," let us not forbid them nor fail to recognize in such, some who "nor knew their task at all, but did the will of God."

In conclusion. To the pastor is committed, in a very special sense, the care of men's souls: the educationalist has the high privilege of shaping the minds and thoughts of men, we medical missionaries exercise what is perchance a humbler office; for we needs must give the great part of our time and energy to dealing with the ills of the body.

We are tempted, perhaps, to wish, sometimes, that ours were a more exalted office.

Such thoughts are foolish: for do we remember that "The Word became flesh and dwelt among us" and by that taking of human flesh it came about that "Grace and Truth" were manifested to the sons of men.

So we believe that to-day through humble ministration to the bodies of men in our mission hospitals, Grace and Truth are being manifested.

CHRISTIAN MEDICAL EDUCATION, ITS PLACE AND OPPORTUNITY.

J. D. VAN BUSKIRK, M.D.

KOREA NEEDS MEDICAL EDUCATION :

From time immemorial the practice of medicine by the native doctor has not changed ; this practice is ignorant of the human body, ignorant as to disease, and cannot but be inadequate ; to say nothing of the criminal and other malpractice that sometimes accrues. The native old style medicine man can not meet the needs of Korea's suffering millions.

Within recent years a handful of missionary physicians have come to Korea and have done a great work, whose value and influence can not be estimated. But they can only touch the centers, they at best supply but one representative of modern scientific medicine to hundreds of thousands of people ; their work is limited by their fewness. Besides these, a greater number of Japanese physicians have come to Korea, and they have effected sanitary reforms and have done and are doing a great and good work in relieving Korea's suffering. But with both those and the Koreans who have already received medical education, the fact remains that Korea needs medical education.

Counting all the men trained in modern medicine now in Korea, and they are almost without exception in the centers, leaving the country districts with none.....there is only one doctor among more than 23,000 Koreans. To give Korea one doctor to 2,000 people, would need about 6,000 new doctors. When I left Kansas City, there was one doctor for less than each 500 people ; I don't think we need that proportion, but it shows something of the contrast between favored America and Korea.

There were this year less than 60 graduates in medicine in all Korea, and at that rate it will be long before Korea has her share of doctors. Japan will furnish a good number of physicians for Korea, but Korea needs her own young men trained in medicine, Korea needs medical education.

2. Korea needs *Christian* medical education and Christianity needs to give Korea medical education under Christian influence and in the Christian spirit.

Christian medical work is more than a bait to get people to listen to the preachers, it is a vital part of the expression of the Christian spirit ; it not only comes into contact with the people who do not go to church and gives them an opportunity to hear the gospel story of Jesus' love, but it is the expression of Jesus' love in a way that all can understand. To perpetuate our medical work we must train Korean young men to be Christian physicians to their own people : if we fail to do this we fail to give Korea Christian doctors ; we allow the great and influential medical profession to fall into non-Christian or anti-Christian hands, and who can measure the enormity of such a blunder ! Korea needs

Christian medical education, and Christianity is under obligation to express the spirit of our Master "Who went about doing good."

To accomplish this, the several missionary bodies are co-operating in the Severance Union Medical College; and a good beginning has been made. A staff—as yet inadequate, but doing a valuable work consisting of six resident missionary physicians, two men giving a term each, one man giving a special course of lectures, and ten Korean doctors, training 56 young men in modern medicine, and treating thousands of suffering people every year. The plan and equipment is to accommodate 100 young men, and give them not only a knowledge of medicine but also a practical training in Christian medical work. This work must be made equal to the best, for we cannot do, in Jesus' name, inferior work; our medical school must be improved, and then we can accomplish our opportunity to give Korea, Christian medical men of her own.

Korea needs medical education; Korea needs medical education in the spirit of Christ, and let us, in Jesus' name, give her young men the best Christian medical education.

THE NATIVE DOCTOR.

K. S. OH, M.D.*

The history of Korean Medicine began at the time of Pok Heui (伏羲) about 3322 B.C. This man tested all kinds of grasses and taught the people what kind of grass was good for a certain disease.

After this man, there were five famous men in medical history, Chang Choong Kyung (張仲景), Choo Tan Kei (朱丹溪), Ryuh Ha Kan (劉河間), Lyee Tong Won (李東垣), Pyun Chakh (扁鵲).

These five men published some medical books and described internal and external medicines. So to-day, most of the Korean doctors offer sacrifice twice in a year, spring and fall, in remembrance of them. The foundation of the medical book is called Eui-Hak-Ip-Mun (醫學入門):—(which means, entrance gate of medicine) and of these there are nineteen volumes. This book is divided into several parts such as anatomy, diseases of women, of children, skin diseases, internal and external medicines, Chim, and Deumh. Besides this book, there is Tong Eui Po Kam (東醫寶鑑):—(which means, treasures of the Eastern doctor) twenty-three volumes and eighty-one different kinds of books. These are all the books that the Korean doctors are supposed to have, but not many of them knew their meaning. There is no histology, psychology, chemistry, bacteriology or pathology.

Thus you can realize what Korean doctors are. In the anatomy, I found lots of great mistakes, and it would take a long time to explain all the mistakes, but I want to tell you of one.

The book declares that a wise man has one extra opening in the heart more than the common people. I don't know who was the wise

* Dr. K. S. Oh is a Korean gentleman and a graduate of the Central University of Kentucky. He now has charge of the bacteriological dept. at the Severance Medical College, Seoul.

man meant. Does it mean "wise men from the East," or men like Confucius? I haven't had a chance to examine those men's hearts, but I suppose they are the same as others, if not they are deformities.

The body is divided into three parts just as "Gaul is divided into three parts." First, sang cho (上焦) from stomach up to head; second, choong cho (中焦) from stomach down to pubic bone; third, ha cho (下焦) from pubic bone down to the foot. If the disease is in sang cho, they call it Pong-yul (風熱) (wind and heat disease). If it is in choong cho they called it Her-roi (虛勞) (empty and tired disease), and if it is in ha-cho they called it Han lang (寒冷) (coldness). Most of the educated Koreans know these terms, and often they will speak of them to you if they come to your office. All the diseases are divided under six heads pong (風) (wind), han (寒) (cold), souh (暑) (heat), suip (濕) (dampness), tam (痰) (mucous), wha (火) (fire).

1. Pong (wind) refers to nerve diseases, mostly, and if one is paralyzed in one arm or leg, it will be called Poong Chung.

2. Han (寒) (coldness) refers to fever due to bacteria, such as influenza and malaria. It wasn't clear to my mind why it is called a cold disease so I asked a Korean doctor. He said that I knew only one point but couldn't see the other. If the man has a fever, he must first have had a chill so he calls it "cold disease." I stated before, that Korean doctors' have no bacteriology, so they can't understand that infectious diseases are due to bacteria.

3. Surh (暑) (heat or Summer disease) refers to sun-stroke.

4. Suip (濕) (dampness) refers to joint disease and skin disease such as in English we call rheumatism and exzema.

5. Tam (痰) (mucous) refers to catarrhal disease and sometimes refers to acute inflammatory disease, such as acute pleurisy, acute muscular rheumatism and pneumonia.

6. Wha (火) (fire) refers to heart disease, nervousness, such as heart-burn and nervous exhaustion. If any one lost his wife or her husband or gets sick after some excitement or worry then they call it wha-pyung. Besides these six classes they have what is called season disease, as spring fever and summer diarrhoea.

There is no special medical school for the doctors but every doctor has boys in training. The doctor gives them clothes and food, then keeps them for seven or ten years. During these years the boys act as assistant druggists and for errands. So the Korean doctors have no diploma or license to practice medicine but lately the government has given them five years limited license.

Even though that they haven't any bacteriology I found something about it. The book said that chroic ulcers have worms. It must have meant bacteria, it also said that syphilus is due to worms. In some senses "worms" mean parasites.

I would not say that all the Korean doctors are of no account because I haven't much investigated them; but I believe some good things are in their system.

As for drugs they do not use much powders or liquid medicine, except pills. Most of the drugs are roots, leaves, fruits and stems.

Many treatments are the same as in our western medicine. They use bitters for increasing appetite; tonics for anemia; digestives for weak stomach, astringents for diarrhoea, and dry cups for acute pleurisy and pneumonia. Most of the Korean doctors believe that their internal medicine is far better than ours, but that our surgery is better than theirs. The Korean doctors think that we don't know how to treat fevers. They think that ice bags do more harm than good, because the external heat will retire inside the body and produce more heat.

I found that they use potassium nitrate instead of diuretic poppy seed, for diarrhoea, and hot drinks for colds.

As for the chim (針) and deump (灸) I will not discuss them in this paper, but many patients have come to my office showing the bad results of chim. They don't know about bacteriology so they stick chim with dirty hands on the unclean surface, some Koreans think that chim is a wonderful thing and if you put it in the right place, most paralytic cases can be cured with it. I wish it was so, but I am afraid this is nothing but a story.

Deump (灸) is a simple thing which acts as a stimulant. The doctor take some mugwort (艾) in his hand and mashes it into fine fibers and puts it on the place they wish to burn and then light the mugwort. They burn the mugworts several times until the place gets blistered or black.

I was surprised to learn that even recently in Japan they have licensed chim and deump doctors. I hear that deump is used in Japan a great deal.

You must not be surprised to see that some of the good Christian patients will use foreign medicine on one hand, and Korean medicine on the other hand. I myself used to discuss with them about these matters, but now let them go and find out for themselves.

If I have more time to investigate Korean drugs, I may write again.

THE PAST OF MEDICAL MISSIONS IN KOREA.

ROSETTA SHERWOOD HALL, M.D.

“The beginnings of things possess a deep interest for all men.” Neglect to consider well the beginnings of things is one of the greatest mistakes and the source of countless other errors.

The beginning of Medical Missions in Chosen, in fact of all missionary work, was not “at the point of the lance” as has sometimes been said, but with the successful use of the ligature—in assuaging the blood-flow and binding up the wounds of those injured in the insurrection in Seoul thirty years ago. It is the physician's instinct and privilege to save life even though not always in accord with the conduct of his patient:—this tends to make us broad minded and liberal to all.

It was in recognition of Dr. H. W. Allen's successful work that in February, 1885 under Government auspices the first hospital using the Western Science of Medicine was opened in this country: with this rather unusual introduction the dispensary attendance was over one hundred daily, and without trained help Dr. Allen was unable to meet the demands thus suddenly thrust upon him. Early in May of the same year Dr. Wm. B. Scranton arrived in Seoul and assisted Dr. Allen until the arrival of Dr. John Heron the same Summer.

Dr. Scranton then began work upon his own compound where Mr. Bunker now lives, and in June, 1886 opened a hospital and dispensary in the next compound where Mr. Taylor lives. This plant was named by the King the "Si Pyang Won" and for a series of years from five to seven thousand patients yearly were healed here.

In 1886 Miss Annie Ellers joined the staff at the Government Hospital. She was a trained nurse who had also partly qualified as a physician and she rendered the needed assistance to the Palace ladies and to those who would not see men physicians.

Finding it necessary to have a Hospital exclusively for the treatment of women and children, Dr. Scranton asked the Woman's Foreign Missionary Society to send a woman physician to Korea, which they did in the person of Miss Meta Howard, M.D., who arrived in 1887, and the first Woman's Hospital was inaugurated, where Dr. Hillman still has the dispensary: it was quite near to the Si Pyang Won and Royalty also gave its name, the Poyen Nyo Kwoan or "Saving all Women Hospital."

The Government Hospital was removed from the old Foreign Office in 1887 to better quarters at Ku-ri gay. In 1888 Miss Zelias S. Horton, M.D., assumed the responsibility of the Woman's Department in this hospital and became the trusted physician of Queen Min, Miss Ellers having married Prof. Bunker. Dr. Horton herself was married in 1889, to the Rev. H. E. Underwood: later she opened a small hospital known as "The Shelter" in the vicinity of Independence Arch; also, a little dispensary given by Mrs. Hugh O'Neil of New York, was run in connection with it.

Dr. R. A. Hardie and Wm. B. McGill, M.D., arrived in Korea in 1899 and after some time in Seoul the former took up work at Fusan 1891 and the latter in Wonsan where, in 1893, Dr. Hardie also removed and both spent years of medical evangelistic work there on the east side of Chosen.

Dr. Howard's health failing, she left for the home-land in 1899, having made good progress in the language and treated several thousands of women and children from among all classes. In 1890 Miss Rosetta Sherwood was sent by the W.F.M.S. to continue the work of the Woman's Hospital.

Early in 1890 occurred the lamented death of Dr. Heron. Dr. Hardie substituted in the Government Hospital until the arrival of Dr. C. C. Vinton early in 1891. C. C. Vinton later instituted changes both in the building and the running of the institution, freeing it more from the uncertainties of government control, and he held a very successful reopening.

In 1891 came also the Drs. Brown, who in 1892 established themselves at Fusan where they did good work until failing health caused their return to U.S.A.

Miss L. R. Cooke, M.D., came to Chosen about this time, under the auspices of the Church of England Mission and had charge of a small Hospital and dispensary for women at Naktong which work received the high approbation of Mrs. Isabella Bird Bishop, who visited it. Dr. Wiles, a retired army surgeon, had charge of the medical work for men of the same mission, and kindly substituted for Dr. Scranton at the Si Pyang Won, while he was home with his mother, until the arrival of Rev. Wm. James Hall, M.D., in December of 1891. The Drs. Baldock continued the medical work of the English Church Mission for many years in Seoul, and Dr. Landis, an American in the employ of the same mission, founded their medical work in Chemulpo, laying down his life in the service—A ward in St. Luke's Hospital there serves to perpetuate his memory.

It was due to the zealous efforts of Dr. W. J. Hall that medical evangelistic work was opened in the northern interior in 1892 with headquarters in the City of Pyeng Yang, then known as the "Sodam of Korea."

Miss Mary M. Cutler, M.D., arrived in Chosen in the Spring of 1893: this made it possible for Dr. Sherwood who had become Dr. Mrs. Hall, to join her husband in the Pyeng Yang work which she did the following spring, and founded the first Woman's Dispensary in the interior of Chosen May 15th, 1894.

The work in the North was interrupted by the China-Japan War—the turning point of which was the great battle at Pyeng Yang which the Chinese had strongly fortified but was captured by the Japanese Sept. 15th, 1894 after a three days' fight. Early in October Dr. Hall was back at his post doing much by his loving presence and sympathetic skill to firmly re-establish the work there, after the war, but he contracted fever and returned to Seoul but to die Nov. 24th, and was buried beside Dr. Heron in the Seoul Cemetery on the banks of the Han. As the public life of their Master, their years of service in Chosen were all too brief, but they were as incense poured forth sweetening the work to the present day.

Dr. J. B. Busted (1892) would have been the natural successor to Dr. Hall's work, but his health failing about this time he was compelled to return to U.S.A. where he died in 1901.

In the Summer of 1893 arrived O. R. Avison, M.D., who is yet with us. In 1904 J. W. Hirst, M.D., was added to the staff, and the Hospital, which had become by this time entirely a mission institution was removed to its present site, and due to the munificence of the late Mr. L. H. Severance of Cleveland, Ohio, a handsome and commodious building was dedicated Sept. 25th, 1905. Dr. Avison early began training men medical students, as certain of his predecessors had done, as far back as 1886, when Western medicine in Chosen first tried its skill in an Asiatic cholera epidemic, but Dr. Avison has this great distinction, *he persevered* until in 1908 a class of seven graduated in Western medicine, and their diplomas were presented to them by Prince Ito with Government indorsement. Before this a few Koreans had studied Western medicine in Japan and

one man and one woman had graduated in medicine in the United States: the latter, Dr. E. Kim Pak, was the first Korean physician to practise Western medicine in her native land—she attended the graduation ceremony of these seven men doctors, eight years their senior.

In 1893 also came C. H. Irvin, M.D., and continued the work of the Drs. Brown at Fusan. For many years Dr. Irvin carried on a very successful work at this port, largely self-supporting and built the first modern well equipped hospital, the Junkin Memorial.

In 1895 Dr. Drew arrived in Seoul and later established work in the south; and Dr. James Hunter Wells, M.D., who after distinguishing himself in Seoul during the Cholera epidemic of that year, the following year founded in Pyeng Yang his well known work famous for its brilliant surgery and large self-support. At the same time, E. Douglas Follwell, M.D., succeeded to the work of Dr. W. J. Hall, and to him was committed the erection of the Hall Memorial Hospital in Pyeng Yang which was opened Feb. 1st, 1897. Dr. Follwell has now received word from his Board that they have funds and plans for making this into a more modern plant. The true monument is not a cold expensive shaft of marble or granite, but the foundation of a work for the amelioration of suffering and the uplifting of the people: such a monument is alive, warm and ever reproductive.

Miss Georgiana Whiting, M.D., came to Chosen in 1896. After some years of medical work in Seoul, with country itinerating, she married Dr. Owen and together they opened work in the southern interior, Mokpo, later removing to Kwang-ju where Dr. Owen laid down his life in the service—another precious offering from the medical evangelistic work.

In 1897 A. M. Sharrocks, M.D., arrived, and after supplying for doctors on furlough at Seoul, and later at Pyeng Yang, he founded an almost ideal work in Syun Chyun where he is yet working and is about to enlarge his already well arranged plant. W. O. Johnson, M.D., is another physician who arrived in 1897—and after sometime spent in language study opened the medical work in Taiku. The Drs. Null also did some work here; it is now well housed and is handled by A. G. Fletcher, M.D.

The year 1897 also brought great reinforcements in Woman's Medical work—the Misses Matlie Ingold, M.D., Eva H. Fields, M.D., Alice Fish, M.D., Lillian N. Harris, M.D., and Dr. Mrs. Ross, also Dr. Mrs. Hall returned to the field. There were, the winter of 1897-98, apart from the men physicians, at least eight women physicians in Seoul, and in casting a backward look, I can't help feeling our women made a great mistake at this time. We knew "the work is great and large" that the needs of the women and children alone could not possibly be met by a few foreign doctors, and before becoming "separated upon the wall one far from another" we should have seized the opportunity to have joined in the training of Korean medical women, that to-day they might be doing their share of the much needed work which is theirs by right and privilege, since from the first the Western education brought to Chosen by the missionaries has been for the girls and the women as much as for the boys and the men.

(To be continued.)

NOTES AND PERSONALS.

A Son, Donald Campbell May 14th, 1914, born to Rev. and Mrs. William Campbell Kerr, Chairyung, Korea.

Miss Best recently left Korea on furlough, returning to the home-land *via* Siberia. Miss Doriss is taking her place in Bible Institute, etc.

To the bitter disappointment of herself and of her many friends Miss M. Owings, through protracted ill-health, has been constrained to abandon her chosen vocation as foreign missionary, and left Seoul for her home-land early in May. We deeply sympathize with Miss Owings in this enforced retirement from her chosen life-work, and trust that reestablished health in the not distant future will enable her to return to us and to the work.

About one month ago Miss Miller of Chemulpo, while starting on an itinerating trip, was seriously hurt through the fall of her donkey. Miss Miller is reported as recovering very, very, slowly. On April 22nd, she was reported as having only little control of her wrist, though able to move her fingers and bend her arm at the elbow. She has now had to proceed to London for special surgical treatment.

We had a great day in Pyeng Yang yesterday, at our foreign services. Twelve young folks, the children of missionary friends of both Pyeng Yang and some of the outstations, were taken into full membership. It was a beautiful and impressive service and one which I count both to be unique and to have been a great privilege both to me as pastor and to Dr. Moffett, who helped in the services. The latter has baptized many of them and has been their spiritual father and counselor for many a year.

Many of the parents came in from elsewhere to witness the ceremony and to partake of the Lord's Supper as administered by Dr. Swallen. It was especially a notable event, not only because of the large attendance and the many visitors, but also because of the new Individual Communion Service, which has just been purchased by the Church.—PAUL L. GROVE.

Will contributors kindly note that from this date they can obtain supplies of the particular number of the "K.M.F." containing their articles at the special rate of 5 *sen* per copy, on application to the Business Manager. This arrangement only applies when 10 copies or more are ordered, and, if possible, such orders should be sent in, one month before date of publication to ensure execution.

WONSAN BIBLE STUDY CONFERENCE.

The Missionaries of Korea are most cordially invited to attend a Bible Study Conference to be held at Wonsan from the 2nd to the 9th of next August, inclusive.

The Committee is expecting to secure one or more speakers of note from a distance. It is proposed to devote two hours daily to the study of the Bible, either by Book or Subject. Conferences will be held to consider phases of mission work,—The Sunday School—Sabbath Observance, both by the missionaries and the native church,—The Missionary's Spare Time, etc. Suggestions relative to desired topics for such consideration, are solicited by the Committee.

Above all you are urged to pray earnestly for this Conference that it may prove a rich blessing to all who shall attend, and through them a real spiritual uplift to the Native Church.

In the Methodist Conference which closed on Monday, June 8, the principal changes in appointments are as follows:—A. L. Becker, in charge of educational work in Seoul and the south. P. L. Grove, Wonju. Miss Mary Beiler, Yeng Byen. Miss Dillingham, Pyeng Yang. J. Z. Moore, West Pyeng Yang Circuits. Miss Estey, Wonju. R. R. Reppert, on furlough. A. H. Norton, on furlough. B. R. Lawton, Theological School. Two new Districts were formed, the Kang Neung, with Pak Won Paik as Superintendent, and the Chemulpo District, with Choi Pyeng Hyun, formerly pastor of First Church, Seoul, as Superintendent. The latter appointment seemed to be especially approved by the Korean members. Hyen Soon becomes pastor of First Church, Seoul; Yi Ik Mo comes from Chemulpo to Sang Dong church, and Son Chun Do becomes pastor at East Gate.

On June 16th the following cablegram was received by Dr. S. A. Moffett, chairman of the Presbyterian Executive Committee, North,—“Cease all College plans Seoul, Pyeng Yang till Deputation Board.”

JAPANESE PUBLICATIONS.

THE KOREAN RELIGIOUS TRACT SOCIETY has decided to commence the publication of Tracts and Books in Japanese, and the first to be issued by us is a Sheet-tract entitled:—

“*Spiritual Suicide*” by Rev. F. Herron Smith Per 100 .18

The usual discount for quantities of this tract will be given, as is the case with our Korean publications.

We have also added largely to our purchased stock of Japanese tracts and books. The prices given below are *nett*, in every case, but we pay carriage on one *yen's* worth and above.

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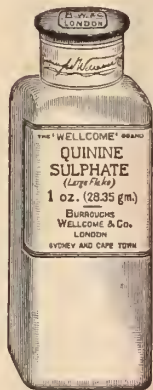
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